

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) House Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00495028		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee Murphy Vogel Askew Reilly LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 1199 N Fairfax St Ste 220			Amount 10067.06		
City State Zip Code Alexandria VA 22314-1437		Transaction ID : VN7GD9V8ZX3 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Media Production Costs - Estimate		Category/Type			
Name of Federal Candidate William S. Southerland			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL					
Calendar Year-To-Date Per Election for Office Sought			322307.83		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014			<input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Murphy Vogel Askew Reilly LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 1199 N Fairfax St Ste 220			Amount 8269.78		
City State Zip Code Alexandria VA 22314-1437		Transaction ID : VN7GD9VCWM8 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Media Production Costs - Estimate		Category/Type			
Name of Federal Candidate William S. Southerland			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL					
Calendar Year-To-Date Per Election for Office Sought			322307.83		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014			<input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	18336.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Pancrazio

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

NAME OF COMMITTEE (In Full) House Majority PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00495028 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y</div> </div>	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>	
Mailing Address 3050 K St NW Ste 100		Amount <div> <div>22328.74</div> </div>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GD9VBGV9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure Television Advertising		Category/ Type	
Name of Federal Candidate William S. Southerland		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>02</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>322307.83</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$ _____
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	22328.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	40665.58

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature